



Gilman Behavioral Health-Notice of Privacy Practices

This information describes how your protected health information about you may be disclosed and how you can access this information. Please review the following information.

Treatment

Treatment is when a provider provides, coordinates, or manages your health care and other services related to your health care. Your information is only shared with professionals who directly influence your care. You have the right to provide written authorization using our designated form when you want your information shared with another healthcare professional of your choosing.

Duty to Warn

I understand that my provider is mandated by law to disclose pertinent information discussed if the client has an intent or plan to harm themselves or another person. This would include making reasonable attempts to notify the family and possible admission to psychiatric emergency services.

Animal Abuse

I understand that my provider will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children

I understand that my provider is required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies.

Prenatal Exposure to Controlled Substances

In keeping with protecting vulnerable populations, I understand my provider is required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Payment

Payment is when a provider obtains reimbursement for your health care. Examples of payment are when a provider discloses your public health information to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage. You have the right to pay for your care directly and restrict this disclosure. Please request in writing to change your status to private pay if you want to choose this option. If you fail to pay your bill, you authorize Gilman Behavioral Health to use necessary information within legal parameters to collect payment.

Law Enforcement

Your health information may be disclosed as required by law to government officials and/or law enforcement. Some laws require disclosure and Gilman Behavioral Health will comply with all official government and/or law enforcement requests. You will be notified if we must share your health information for this purpose.

Public Health Reporting

Some public health agencies may legally require me to disclose your information to protect the general public. Some communicable diseases must be reported to state and federal agencies. You will be notified if we must share your health information for this purpose.

Other Uses

Your information will be used to contact you about appointments and/or your care using HIPAA-complaint technologies, including secure messaging in the client portal, Google Hangouts, text, or HIPAA-compliant email. By consenting to care with Gilman Behavioral Health, you agree that we may use necessary methods to contact you. Please be aware that you may be required to provide a password that only you know to identify yourself when you communicate with a representative of Gilman Behavioral Health.

Right to Revise Privacy Practices

As permitted by law, Gilman Behavioral Health reserves the right to amend or modify our privacy policies and practices. Local, state, or federal laws may require me to change our privacy practices. If you would like a copy of our policies and associated updates, you may request it anytime.

Requests to Inspect Protected Health Information

Under most circumstances, you have the right to inspect or obtain a copy (or both) of your protected health information and my mental health and billing records used to make decisions about you for as long as this is maintained in the record. Upon your request, I will discuss with you the details of the request process.

Individual Rights

You have certain rights under federal privacy standards. These include the following.

- Obtain and/or correct a copy of your electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we have shared your information
- Get a copy of this privacy notice
- Choose someone to act for you

You have choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care

Complaints and Contact Person

If you would like to submit a comment or complaint about our privacy practices, you may contact me. Your comments or complaints will not result in retaliation. If you have questions about our privacy practices or would like to make a special request regarding our privacy practices, please direct your letter to the address below. You will receive a written response to your letter within 30 days of receipt.

Address:

Adam T Gilman, MSN, PMHNP-BC

15 Constitution Drive, 1st Floor

Bedford, NH 03110

Adam@GilmanBehavioralHealth.com

Clients Under 18 Years of Age

Gilman Behavioral Health accepts clients starting at age 4 as regulated by state and federal laws. If a client is under 18 years of age, parental consent, or legal guardian consent, is required prior to the first treatment appointment. By consenting to treatment, a parent or guardian of the client validates that he or she will be the only person with access to the client portal and that he or she is the only person who will have access to consent and acknowledgement forms to be electronically signed. In addition, a parent or guardian must be physically present with the child or adolescent for each treatment session.